SHINE
Serving Health
Information Needs
of Elders

A Massachusetts Guide to Health Insurance CHOICES

----health insurance alternatives for Medicare beneficiaries and retirees

Commonwealth of Massachusetts
Executive Office of Elder Affairs

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Governor

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Secretary

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A Massachusetts Guide to Medicare & Medicare HMO CHOICES

----health insurance alternatives for Medicare beneficiaries and retirees

CREDITS

The Massachusetts Serving Health Insurance Needs of Elders Program (SHINE) provides education and assistance to thousands of our state's elders and their family members. SHINE's *Choices Booklet* was developed to address the many questions elders have in dealing with their health insurance options.

The SHINE Program, a free and confidential counseling service, is administered by the Executive Office of Elder Affairs and funded in part through a grant from the United States Health Care Financing Administration and a grant from the Massachusetts Councils on Aging. To locate a SHINE counselor in your area, refer to the Directory located on page 34.

This consumer booklet was adapted from materials produced by the New York Health Insurance Information, Counseling, and Assistance Program (HICAP) for use in pre-retirement educational programs.

The Executive Office of Elder Affairs does not sell, recommend, promote, or endorse any insurance product, company, or agent. The information in this guide is being provided to assist consumers in making informed purchasing decisions. Every effort has been made to ensure the accuracy of this information; however, some of the information may be subject to change. This guide will be updated periodically.

Please note this booklet applies only to the options available to residents of Massachusetts. There is a listing of all the health insurance information, counseling and assistance programs in the "*Medicare Handbook*".

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January 1, 1997

Dear Senior Citizen or Medicare Beneficiary:

Increasing Medigap premiums and rapid growth in managed care plans for Medicare beneficiaries cause great concern for senior citizens worried about higher costs and unfamiliar health care systems. If you have health insurance problems or questions, we want to encourage you to contact the health insurance counseling program for senior citizens and disabled Medicare beneficiaries administered by the Executive Office of Elder Affairs.

The **Serving Health Information Needs of Elders Program (SHINE) has 465 health insurance counselors across Massachusetts. SHINE counselors provide free, one-on-one counseling to senior citizens and Medicare beneficiaries of any age**. Also, SHINE publishes this informative booklet, *"A Massachusetts Guide to Health Insurance CHOICES"*, to help you learn about your health insurance options and where to go for more information.

SHINE Counselors help elders understand what Medicare covers, how Medigap and Medicare HMO plans work with Medicare, how to decide which Medigap or Medicare HMO coverage they should buy, and how to apply for Medical Assistance programs. Once elders are insured, SHINE Counselors can show them how to file for reimbursement claims, access care through the HMO, or exercise their Medicare appeal rights in the managed care and fee-for-service systems of health care.

On page 36 of this booklet, the **SHINE Program Telephone Directory** with a town-by-town index identifies the Regional SHINE Health Insurance Counseling Program serving your community. We hope you will contact a SHINE Counselor whenever you have questions about your health insurance coverage.

Sincerely,

Franklin P. Ollivierre

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A Massachusetts Guide to Health Insurance Choices

HEALTH INSURANCE CHOICES FOR MEDICARE BENEFICIARIES

This Massachusetts-specific educational booklet is designed to give you an overview of the health insurance choices available once you are eligible for Medicare. Like pieces of a puzzle, there are many types of health insurance alternatives that are designed to fill the "gaps" in Medicare coverage. Choosing too many pieces - too many different kinds of coverage - is wasteful and unnecessarily expensive.

Use this booklet to explore your choices and determine which combinations will add up to affordable, adequate coverage. Don't overlook any of the possibilities. But remember, it's your choice!

MEDICARE

GROUP PLAN FOR ACTIVE EMPLOYEES

RETIREE PLAN

MEDICARE SUPPLEMENT INSURANCE (MEDIGAP)

MEDICARE MANAGED CARE PLAN (HMO)

MEDICAID, QMB, SLMB

LONG-TERM CARE INSURANCE

OTHER HEALTH INSURANCE

MEDICARE

"I'm 65! I have Medicare!
I have complete health care coverage!"

Once you are retired and reach 65, you probably will have Medicare, a basic piece of health insurance. Medicare is the payer of health care costs for most older Americans and for some disabled Americans of any age. It is divided into two parts: Hospital Insurance (Part A) and optional Medical Insurance (Part B).

Do you need Medicare coverage?
Absolutely! Either:

- at age 65, if you are retired, or
- later, if you or your spouse work and have a qualified Employer Group Health Plan (EGHP)

Who's eligible for Medicare?
You are eligible for Medicare if you or your spouse worked for at least 10 years, and you are 65 years old and a citizen or permanent resident of the United States. You might also qualify for coverage if you are a younger person with a disability or with a chronic kidney disease. Most people receive Part A Hospital Insurance premium-free. And if you decide you want Part B Medical Insurance, the monthly premium is $42.50 for 1996.

But will Medicare be all you need?
Probably not. Medicare was not designed to pay 100% of your health care bills. Instead, it's a cost-sharing program in which you and Medicare share your health care costs.

MEDICARE GAPS:

- **Premiums**
- **Deductibles**
- **Coinsurance**
- **Excess Charges**
- **Non-covered Services & Supplies**

The chart on the next two pages shows how Medicare Part A and Part B will pay part of your hospital and medical costs. It shows your responsibility - deductibles, coinsurance and permissible excess charges. You are also responsible to pay fully for health care that is not covered by Medicare - prescription drugs and dental care, for example.

So how do you cover yourself for these "gaps" in Medicare?
You can adequately supplement Medicare, in most cases, with just one of the choices described on the following pages. Choosing too many different kinds of health insurance may be a duplication in coverage and unnecessarily expensive.

Read more about Medicare:
The booklet, "*Your Medicare Handbook*" may be obtained by calling the Social Security Administration at **1-800-772-1213**.

1997 Medicare
Deductibles, Coinsurance, and Premiums

PART A Hospital

Inpatient Hospital Deductible & Coinsurance

First 60 Days:	$ 760.00 per benefit period ◆
Days 61- 90:	$ 190.00 / Daily
Days 91- 150 *:	$ 380.00 / Daily

* Lifetime Reserve Days

Skilled Nursing Facility Coinsurance

First 20 Days:	$ 0.00
Days 21 - 100:	$ 95.00 / Daily

PART B Medical

Deductible	$ 100.00 / Annually
Coinsurance	20% of Medicare's Approved Amount ◆♠

Premiums

Part B Medical	$ 43.80 / Monthly
Part A Hospital	None, most beneficiaries receive Part A premium free. If eligible to purchase Part A, premium will be $187 or $311 monthly.

◆ *A benefit period provides 90 days of hospital care, if needed. A new benefit period begins each time a beneficiary is out of the hospital and has not received skilled nursing care any other facility for 60 or consecutive days.*

◆ ♠ *Coinsurance is paid after you have met the annual Part B deductible of $100 dollars for covered services in 1997. A 20% coinsurance amount applies to most physician services. A 50% coinsurance applies to most out-patient mental health services.*

1997 Medicare Part A Benefits and Gaps

(Chart outlines gaps in Medicare coverage. Refer to Medicare Handbook for complete list of Medicare benefits.)

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part A		
Inpatient Hospital Care*		
Days 1-60	$760 deductible	Balance
Days 61-90	$190 per day	Balance
Days 91-150 (*lifetime reserve days*)	$380 per day	Balance
All additional days	All costs	Nothing
Semiprivate room and board, general nursing, and other hospital services and supplies.		
Skilled Nursing Facility Care*		
Days 1-20	Nothing	All costs
Days 21-100	$95 per day	Balance
All additional days	All costs	Nothing
After three-day hospitalization and admitted in a skilled nursing facility approved by Medicare within 30 days of discharge.		
Home Health Care**	Nothing	Up to 35 hours per week
Part-time or intermittent skilled care, home health aide services, and		
Durable Medical Equipment and Supplies	20% of approved amount	80% of approved amount
Hospice Care	Small co-payments for inpatient respite and drugs	Balance
Pain relief, symptom management and support services for the terminally ill.		
Blood	For first 3 pints	All but first 3 pints per calendar year

* Benefits listed are per **benefit period** which begins the first day you receive inpatient hospital care and ends when you have been out of a hospital or other facility providing skilled nursing or rehabilitation services for 60 days in a row.

** Medicare Part B will pay for home health services if you do not have Part A.

Note: Medicare premiums, deductibles and co-payment amounts are subject to change annually.

1997 Medicare Part B Benefits and Gaps

(Chart outlines gaps in Medicare coverage. Refer to Medicare Handbook for complete list of Medicare benefits.)

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part B		
Medical Expenses • Doctors' services • Inpatient and outpatient medical services and supplies • Physical and speech therapy • Diagnostic tests • Durable medical equipment • Ambulance services *Medicare also pays for other medically necessary services, see Medicare Handbook.*	$100 deductible^ plus 20% of Medicare's approved amount. Limited charges above the approved amount may apply for some Part B providers.	80% of Medicare's approved amount after $100 deductible has been met. Reduced to 50% for most outpatient mental health services.
Clinical Lab Tests *Blood tests, urinalysis, and more.*	Nothing for tests if medically necessary.	Generally 100% of approved amount.
Home Health Care ^^ *Part-time or intermittent skilled care, home health aide services, and* **Durable Medical Equipment and Supplies**	Nothing 20% of approved amount	Up to 35 hours per week 80% of approved amount
Outpatient Hospital Treatment	After $100 deductible, 20% of the ***hospital charges*** (not limited to approved amount).	Medicare payment to hospital based on hospital cost.
Blood	For first 3 pints, plus 20% of approved amount (after $100 deductible).	80% of approved amount (after $100 deductible and starting with the 4th pint).

^ Once you have incurred $100 of expenses for Medicare-covered services in 1997, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

^^If you have both Medicare Part A and Part B, your Part A will pay for home health services.

ENROLLMENT IN MEDICARE

- **AUTOMATIC**

OR

- **INITIAL**
- **SPECIAL**
- **GENERAL**

"I'm retiring AT age 65, how do I enroll in Medicare?"

When you retire at age 65, Medicare enrollment is fairly straightforward- you are either automatically enrolled or you need to apply.

Automatic Enrollment

If you are already receiving retirement benefits from Social Security or the Railroad Retirement Board when you turn 65, you should automatically get a Medicare card in the mail about three months before your 65th birthday. This card lets you know that you've been enrolled in Medicare- both Part A (Hospital) and Part B (Medical). If you do not want ***Part B coverage,*** follow the instructions that come with the card.

If you are under 65 and disabled, you will get a Medicare card in the mail after you have received disability benefits from Social Security (or the Railroad Retirement Board) for 24 consecutive months. Medicare coverage may begin sooner for individuals who have permanent kidney failure (End Stage Renal Disease) or need a kidney transplant.

What if I am not automatically enrolled in Medicare at age 65?

If you are not receiving Social Security or Railroad Retirement benefits three months before you turn 65, you need to apply for Medicare. To obtain the appropriate application forms for Medicare enrollment, contact any Social Security office or, if you or your spouse worked for the railroad, the Railroad Retirement Board.

When can I apply for Medicare?

You can sign up for Medicare during the initial ***seven-month*** enrollment period starting ***three months prior*** to the month of your 65th birthday and ending ***three months after*** the month of your 65th birthday. It is wise to apply within the three months before you turn 65. By applying early, you'll avoid a possible delay in the start of your Part B coverage.

INITIAL Enrollment Period (Parts A or B)

- **the three months before the month of your 65th birthday**
- **month of your 65th birthday**
- **the three months after the month of your 65th birthday**

Mo. 1	Mo. 2	Mo. 3	Mo. 4 Month of 65th Birthday	Mo. 5	Mo. 6	Mo. 7

"I'm retiring <u>AFTER</u> age 65, when do I enroll in Medicare?"

One of the most important and potentially confusing issues for individuals who continue to work after age 65 is when to enroll in Medicare. Should you wait until you stop working, or enroll as soon as you turn 65?

Enrollment in Medicare Part A

Most people age 65 and over can get Medicare Part A (Hospital) ***premium-free*** based on their own or their spouse's employment. Therefore, it is to your advantage ***to enroll in Part A at age 65*** even if you continue to work and are covered by an employer's group health plan.

While your employer's plan will be primary (pay first), you will then be assured of Medicare Part A benefits if they are needed. For example, if your health plan does not pay all of the cost of a hospital stay, Medicare Part A may pay all or part of the balance.

You can enroll in Medicare Part A three months before reaching age 65, or at ***anytime thereafter***. Simply contact Social Security and file a special application. If you are eligible for Part A premium-free, there is no penalty for late enrollment.

Enrollment in Medicare Part B

If you are covered by a group health plan based on your own or your spouse's ***current employment*** (not a plan for retired people and their spouses), you can delay enrollment in Medicare Part B (Medical) insurance without penalty. You can then enroll at retirement or termination of the plan during a ***special enrollment period***.

Special Enrollment Period

The special ***eight-month*** enrollment period for Medicare Part B begins the day that you (or your spouse if your coverage is based on your spouse's current employment) are no longer actively employed ***OR*** your coverage under the group health plan ends, ***whichever comes first***. Note, the group health plan must be based on current employment. It cannot be a plan for retired people.

SPECIAL Enrollment Period (Parts A or B)

Mo. 1 Month of termination of work or coverage	Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. 7	Mo. 8

ENROLLMENT IN MEDICARE

- **GENERAL ENROLLMENT PERIOD**

"I'm turning 70 and do not qualify for the special enrollment period. When can I enroll in Medicare?"

The ***general enrollment period*** is for late enrollees - those who did not enroll during the ***Initial*** (at age 65) or ***Special*** (if applicable) enrollment periods.

General enrollment takes place during ***January, February, and March*** of each year. Coverage under Medicare Part B will begin July 1st of that year.

Is there a penalty for late enrollment?
Yes! If you are a late enrollee and sign up for Medicare Part B during the general enrollment period, you will have to pay a permanent surcharge of 10% of the current premium for each 12 month period of late enrollment.

For example, if you enroll in Part B at age 70, the surcharge will be 50% (5 years x 10%) of the current Part B premium and added on to the monthly Part B premium for the rest of your life.

Are there any exceptions?
Yes. You may delay enrolling in Part B without penalty if you were enrolled in a group health plan based on your continuous and current employment. This waiver of penalty also applies if you are covered under a working spouse's plan. You will need to enroll in Medicare during the ***special eight-month enrollment period*** (detailed on page 7). Other exceptions may apply particularly for disabled beneficiaries.

For more information, contact Social Security at **1-800-772-1213**.

GENERAL Enrollment Period (for late enrollees)

JAN	*FEB*	*MAR*	*APR*	*MAY*	*JUN*	*JUL*	*AUG*	*SEP*	*OCT*	*NOV*	*DEC*
Open	**Enroll**	**ment**				***July 1st coverage begins***					

"I'm 65, but still working! What are my options?"

EMPLOYER GROUP HEALTH PLANS

You may be able to obtain health insurance coverage through your current employer.

If you continue to work for an employer who has 20 or more employees, the employer is required, by law, to offer you and your spouse the same choice of health care plans offered to employees under age 65.

Do I need to enroll in Medicare Part B?
No, you may delay enrolling in Part B without penalty if the group health plan is based on your continuous and current employment. This waiver of penalty also applies if you are covered under a working spouse's plan.

Choices?
Some companies offer their employees only one health insurance option. Or, your employer may ask you to choose which of several plans you would like for the coming year. For example, the choice may be between a traditional health insurance plan (indemnity) and an HMO. Be aware the HMO plan offered by your employer will not have the same benefits as a Medicare-contracted HMO plan.

Benefits?
The employer plans available to you might be more comprehensive and less costly than what you can get in a Medigap (non-group) plan or Medicare HMO. Since employment-related plans are individualized for each company or organization, there are literally thousands of them in force, with no two alike in benefits and costs.

Use the checklist on page 12 to illustrate for yourself the benefits and limitations of your health plan. If you do not have a current copy of your plan's benefit booklet, contact your employer's human resource department or employee benefits coordinator.

If I decide to continue with my employer health plan and enroll in Medicare Part A only, who pays first?
If you are actively working, the employer plan will pay first on your hospital and medical bills. If the employer plan does not pay all of your expenses, Medicare may pay secondary for Part A covered services such as hospitalization, skilled nursing facility care, home health and hospice care.

OPTIONS FOR PEOPLE WITH MEDICARE

- **MEDIGAP**
- **MANAGED CARE (HMOs)**

"What are my alternatives if, after age 65, I decide to retire, or my health insurance becomes too expensive?"

First, you'll need to enroll in Medicare. If your coverage is terminated or you stop working, whichever comes first, you will have ***eight months*** in which to enroll in Medicare without a penalty surcharge.

Once you have Medicare, like most people you will probably want additional health coverage that helps pay for what's not covered by Medicare. Keep in mind, no system of enhancing Medicare coverage is right for everyone. All plans have benefits and limitations which must be evaluated relative to your lifestyle and personal preferences.

Medicare Supplements
Medicare supplemental insurance, also known as ***Medigap***, is private insurance that is designed to help fill in some of the gaps in coverage left by Medicare. A Medigap plan is an indemnity or freedom-of-choice plan. This means you are free to choose virtually any doctor, specialist, or hospital you wish.

In Massachusetts, there are three standard Medigap policies available for sale and each offers a different combination of benefits. (*For a list of companies approved to sell Medigap plans, see page 16.*)

Managed Care Plans (HMOs)
As a Medicare beneficiary you can choose to receive your Medicare benefits ***either*** through the fee-for-service system or through a managed care plan such as a health maintenance organization (HMO).

Generally, you must receive all covered services from the doctors, hospitals, and other health care providers that are part of the HMO's network for the HMO plan to pay. Some exceptions include emergency care, urgent care outside the HMO service area, and care authorized by the HMO or your primary care physician.

When you join a Medicare-contracted HMO plan, you will continue to pay the monthly Medicare Part B premium. Depending on the plan, you may also have to pay a monthly premium and small copayments for office visits, prescription drugs and other services. (*For list of Medicare-contracted HMO plans and benefits, see pages 22 - 25.*)

Regardless of whether you choose fee-for-service or managed care, you retain all of your Medicare benefits, protections and appeal rights.

EMPLOYER-SPONSORED RETIREE PLANS

"What are my options if I have a retiree plan and Medicare?"

Roughly 1/3 of retired Americans have this piece of the health care puzzle - a health insurance plan from their former employer. When you become eligible for and enroll in Medicare, your retiree plan will be the secondary payer after Medicare. You'll use this retiree plan piece to supplement Medicare, to pay some of the costs Medicare does not pay.

Value?

Your retiree plan might be more comprehensive, less costly, or both than the coverage most elders can get in a Medigap policy or Medicare HMO plan.

Benefits?

Your retiree plan is ***not*** a Medigap policy, but it may pay like one. Or it may pay more - providing additional benefits, for example. Retiree plans are all unique. Contact your employee benefits representative for a benefits booklet and learn:

- your benefits; if and how they fill (or don't fill) Medicare gaps
- your lifetime maximum benefit
- your (or your spouse's) ability to continue coverage if the retiree dies

Choices?

Each year your former employer may ask you to choose which of several plans you would like for the coming year. For example, the choice may be between a traditional health insurance plan (indemnity) or an HMO. Be aware the HMO plan offered as a retirement benefit may or may not offer the same benefits as a Medicare-contracted HMO plan.

What if my retiree plan ends, becomes too expensive, or has no worthwhile benefits?

Many employers are changing retiree health plan benefits - either increasing your share of the premiums, cutting benefits, increasing deductibles, or all of the above. Some have dropped retiree health coverage entirely.

Alternatives?

Enrolling in a Medigap policy or Medicare HMO plan are two options you may want to consider. If your income is low, you may qualify for Medicaid, QMB, or SLMB. In some cases, these alternatives might provide better or more appropriate benefits, be more cost-effective, or coordinate with Medicare more to your advantage.

Employer-Related Benefit Plan Review

SOME THINGS TO CONSIDER ABOUT YOUR EMPLOYMENT-RELATED BENEFIT PLAN

Does the employer's plan continue after retirement? _____

Does the plan appear to be secure, or is the employer cutting back on benefits? _____

Does the plan cover the retired person's spouse or other dependents? _____

Will the spouse/dependent be covered if the retired person dies? _____

What are the lifetime maximums in the employer's plan? _____

What are the deductibles or co-payments in the employer's plan?

Hospital deductible or co-payment _____

Emergency room or hospital outpatient deductible or co-payment _____

Medical deductible or co-payment _____

Other deductibles or co-payments _____

Does the employer's plan provide dental, eyeglasses, hearing or other coverages? _____

Does the plan require the use or participating or preferred providers? _____

Does the plan provide a prescription drug benefit? How does it work? _____

Is there a stop-loss or out-of-pocket limit? _____

How much does the employer's plan cost per month? _____

FOR ASSISTANCE IN CALCULATING YOUR SPECIFIC BENEFITS AND THEIR COORDINATION WITH MEDICARE, CONSULT A SHINE COUNSELOR.

CALL (800) 882-2003

"Don't all Medicare enrollees need a Medigap insurance policy?"

No! Not everyone needs a Medicare Supplement (Medigap) health insurance policy.

Who should purchase?

A privately-purchased Medicare Supplement, often called a "***Medigap***" policy may be a necessary piece of health insurance:

- if you do not have a retiree plan, or if your retiree plan is extremely limited in coverage or
- if you are not eligible for government programs (Medicaid, QMB, or SLMB).

Medigap options?

There are currently three standard plans available for sale in Massachusetts from both commercial and not-for-profit companies. They include the **Core, Supplement 1, and Supplement 2**. These plans range in cost from $500 to $2,200 per year.

There will still be costs that neither Medicare nor your Medigap policy will pay. But, with Medicare plus a Medigap policy, you'll have protection against large out-of-pocket costs for hospital and physician bills.

Use caution when:

- ***replacing your old Medigap policy***
  All companies must use consistant labeling of their plans. This labeling is Core, Supplement 1 and Supplement 2. The benefits are virtually identical for each "type" of plan. For example, Supplement 1 offered by one company has the same coverages and benefits as Supplement 1 offered by another company. This makes comparing plans easier. It's the premiums that vary!
- ***canceling your current Medigap policy***
  Keep in mind, the plan you now have may no longer be approved for sale in Massachusetts. Therefore, if you cancel it and then change your mind, you may not be able to switch back.
- ***buying more than one Medigap policy***
  It is illegal for an insurer to sell a duplicate Medicare Supplement policy to an individual who already has a privately-purchased Medicare Supplement policy. But, it is permissible for an insurer to sell a Medigap policy to someone who has an employer-sponsored retiree plan.

Medigap too costly?

If you now have a Medigap policy and the premium is becoming too costly, be aware that you may:

- downgrade to a lower cost plan with your current insurance company. Or during open enrollment, switch to another company offering similar Medicare supplement insurance with a lower premium.
- compare the benefits and costs of Medicare HMOs in your area.
- contact your local Division of Medical Assistance to determine if you qualify for Medicaid, QMB, or SLMB.

Basic Facts about Massachusetts Medicare Supplement Insurance

⇒ **Simplification:**
Insurers who wish to sell policies in Massachusetts can only offer Core and Supplement 2, or all three standard plans. Remember, you should only purchase one Medicare supplement policy.

⇒ **Coverage:**
Duplicate coverage is expensive and unnecessary. Agents are prohibited from selling you a Medicare supplement policy if you already have one and you do not want to replace it.

⇒ **Pre-existing conditions:**
If you meet the eligibility requirements and apply during open enrollment (see page 15), an insurer is not allowed to impose any waiting period for pre-existing conditions.

⇒ **Renewals:**
All individual Medicare supplement plans sold in Massachusetts must be "***guaranteed renewable***". State law prohibits companies from canceling these policies except for non-payment of premium or for incomplete or incorrect information on your original application.

⇒ **Open Enrollment:**
Federal and state laws require all companies to provide specific "***open enrollment periods***" depending on your age and situation. If you enroll during these enrollment periods, the company must accept your application and cannot discriminate in the pricing of the policy regardless of your medical history, health status or claims experience.

⇒ **Free Look Provision:**
Beginning the day you receive the approved policy, you have 30 days to look it over. If you change your mind, you can cancel the policy within those 30 days and get a full refund.

Read more about Medigap insurance: For a copy of "*The Massachusetts Guide to Health Insurance for People with Medicare*", call the Division of Insurance at **1-617-521-7777**, or the Executive Office of Elder Affairs SHINE program at **1-800-882-2003**.

"When can I enroll in a Medigap plan?"

Your age is:	And you are:	You can enroll in any Medigap plan approved for sale in Mass*:
Under 65	Enrolling in Medicare due to a disability other than end-stage renal disease	***Within six months*** of your effective date for Medicare Part B Note, you will also have another ***six months*** to enroll when you turn 65 and are already on Medicare Part B
Approaching 65	Enrolling in Medicare during your initial seven-month enrollment period	Up to ***three months*** before the month of your 65th birthday and within ***six months*** of your effective date for Medicare Part B
Over 65	Retiring from an employer-sponsored health plan and/or enrolling in Medicare Part B	Within ***six months*** of your effective date for Medicare Part B
Any age and enrolled in Medicare Part B (*except if you are under age 65 and on Medicare solely due to end-stage renal disease*)	Losing an employer-sponsored health plan because your job ended or your employer stopped offering health coverage to employees like you	Within ***six months*** of loss
	or	
	Covered by an HMO but move out of the HMO's service area	Within ***six months*** of move
	or	
	Becoming a resident of Massachusetts	Within ***six months*** of move
	or	
	Interested in purchasing Medigap	Every ***February and March*** each year and coverage is effective June 1st. In addition, Medigap insurers may have open enrollment periods during other times of the year or all year long (continuous open enrollment).

Under the circumstances and open enrollment periods listed in this chart, a Medigap insurer must accept your application and cannot impose a waiting period or charge you a premium based on your age or health condition.

**You must live in Massachusetts. You must be eligible for Medicare Part A and Part B and enrolled in Medicare Part B. If you choose to replace a current Medigap policy, you must sign a statement indicating that you are replacing a Medigap policy and will not keep both policies.*

Medicare Supplement ("Medigap") Insurance Comparison Charts

1997 Monthly Premiums for Medicare Supplement Insurance

Please Note: Rates may change in 1997. Call company for current rates.

Insurance Company	Time of Year Selling *	Core	Supplement 1	Supplement 2
Banker's Life and Casualty 1-508-477-2800 Cape Cod area 1-508-820-8301 Eastern Mass. 1-413-739-7696 Western Mass. Offers premium discount when initially eligible; also offers discount when using automatic bank withdrawal.	Continuously Throughout Year - Open Enrollment	$53.48	Not Offered	$157.08
Banker's Multiple Line 1-800-792-4368 Offers discount when using automatic bank withdrawal; does not offer discount when initially eligible.	Selling Up Through 1-31-97 Only	$43.61	$72.15	$107.34 Proposed rates 1997: $226.44 Drug Mail-Order Option
Blue Cross & Blue Shield 1-800-258-2226 1-617-376-4700 Offers discount when initially eligible.	February - March	$41.29 Proposed rates for 1-1-97: $54.76	$81.03 Proposed rates for 1-1-97: $96.09	$182.70 Drug Mail-Order Option Proposed rates for 1-1-97: $236.30
Mutual of Omaha Life Insurance 1-800-995-9163 No premium discount program.	Selling Up Through 1-31-97 Only	$43.12	$79.69	$166.00
New York Life Insurance 1-800-995-7445 No premium discount program.	Selling Up Through 1-31-97 Only	$43.12	$79.69	$166.00
Hartford Life Insurance ** For Retired Officers Association and Association of the United States Army only TROA: 1-800-247-2192 AUSA: 1-800-882-5707 No premium discount program.	Continuously Throughout Year - Open Enrollment	$41.00	$74.00	$139.00
Prudential - AARP ** For American Association of Retired Persons (AARP) members only 1-800-523-5800 Offers discount when using automatic bank withdrawal.	Continuously Throughout Year - Open Enrollment	$47.00	$89.25	$173.50 Proposed rates for 1-1-97: $225.25

A 6-Month Open Enrollment period may be in effect for persons who are "Initially Eligible for Coverage", meaning someone who first enrolls into Medicare Part B; or someone who just moved to Massachusetts; or someone who was covered by an HMO but just moved out of the previous plan's service area; or, someone who has lost their health insurance coverage from their employer because their job ended or their employer stopped offering coverage to employees like them.

****These plans are only available through membership in the associations indicated.***

(Rev: 1/97)

Chart Prepared by the Serving Health Insurance Needs of Elders (SHINE) Counseling Program of the Executive Office of Elder Affairs, 1 Ashburton Place, 5th floor, Boston, MA 02108. Telephone: 1-800-882-2003 **01/27/97**

Medicare Supplement ("Medigap") Insurance Comparison Charts

Three Standard Medigap Plans Sold in Massachusetts

Comparison of Plans	Core	Supplement 1	Supplement 2
Basic Benefits Included In All Plans:			
Hospitalization Part A Copayments			
Days 61 - 90: $190 per day	X	X	X
Days 91-150: $380 per day	X	X	X
365 Additional Lifetime Hospital days - Paid in full	X	X	X
Part B Coinsurance Coverage of coinsurance, in most cases, 20% of approved amount	X	X	X
Parts A and B Blood First 3 pints	X	X	X
Additional Benefits	**Core**	**Supplement 1**	**Supplement 2**
Part A Deductible for Hospital Days 1 - 60 $760 per benefit period		X	X
Skilled Nursing Facility Coinsurance Days 21-100 - $95 per day		X	X
Part B Annual Deductible - $100.00		X	X
Foreign Travel - For Medicare-covered services needed while traveling abroad.		X	X
Inpatient Days in Mental Health Hospitals In addition to Medicare's coverage of 190 lifetime days and less any days previously covered by plan in same benefit period	60 days per calendar year	120 days per benefit period	120 days per benefit period
Outpatient Prescription Drugs ** From Retail Pharmacies after a you meet a $35 calendar quarter deductible: • 100% coverage for generic drugs • 80% coverage for brand-name drugs			X
State-Mandated Benefits: Annual Pap Smear Tests and Mammograms not covered by Medicare (in off-year) Check your policy for other state-mandated benefits	X	X	X

*** These drugs include: injectible insulin needles and syringes; pumps and pump supplies necessary for the administration of insulin and materials, and equipment used to test for the presence of sugar; drugs provided by a home infusion therapy provider; and drugs used on an off-label basis for the treatment of cancer or HIV/AIDS and medically necessary services associated with the administration of such drugs.*

Chart Prepared by the Serving Health Insurance Needs of Elders (SHINE) Counseling Program of the Executive Office of Elder Affairs, 1 Ashburton Place, 5th floor, Boston, MA 02108. Telephone: 1-800-882-2003 **01/27/97**

COMPARISON CHART

BENEFIT	EMPLOYER PLAN NAME OF PLAN	MANAGED CARE NAME OF PLAN	MEDIGAP PLAN NAME OF PLAN	OTHER NAME OF PLAN
Hospital Deductible				
Medical Deductible				
Hospital Co-payments				
Medical Co-payments				
Annual Out-of-Pocket Limit				
Prescription Drugs				
Foreign Travel/Out of Area				
Monthly Premium				
Preventive Care *(besides flu shots, mammograms)*				
Out-of-Pocket Maximum				
OTHER _____ *(Eye exam, glasses, hearing aids)*				

"My Medigap plan with prescription coverage is getting too expensive. But I need more coverage than Medicare alone!"

The growth of HMOs (health maintenance organizations) has made managed care a viable choice for many Medicare beneficiaries. Today, a managed care plan can be an affordable option to fill Medicare gaps and enhance your health coverage.

What is "Managed Care"?

Managed care combines the functions of both health insurance and health services in one organization. It offers, on a pre-paid basis, medical and preventive services through a network of designated hospitals, doctors and other providers. An HMO is a managed care plan.

How do Medicare HMOs work?

When you enroll in a Medicare HMO, you are signing up to receive all your Medicare services through the HMO. Medicare prepays a monthly fixed amount to the plan In return, the HMO is required to provide all of the services you would be entitled to under Medicare coverage. Additional benefits such as periodic checkups, health screenings, vision services, prescription drugs, dental visits, hearing exams, eyeglasses and/or wellness programs may also be covered.

HOW MEDICARE HMOs WORK

- offer a full range of Medicare-covered services plus more from a network of doctors, hospitals, nursing homes and other health care providers/facilities
- access to services coordinated by primary care physician
- low or zero premium depending on the plan
- you must continue to pay your Part B premium to Medicare
- co-payments (generally $5 to $10 per visit)
- virtually little or no paperwork
- supplemental (Medigap) policies not needed

It's wise to compare benefits and costs. Some HMO plans charge you a fixed monthly premium while others offer a "***zero premium***" plan. Small co-payments may apply when you receive certain services such as office visits. (*See HMO comparison chart beginning on page 22*)

When you join an HMO plan, that plan becomes your billpayer. In most cases, there are no claim forms or confusing reimbursement schedules.

PRIMARY CARE PHYSICIAN

Choosing your Primary Care Physician

Some seniors shy away from HMOs because of the requirement that they use the HMO plan's staff of physicians. However, this is not necessarily a limitation.

Upon joining an HMO, you will be asked to choose a primary care physician from a list of doctors who work for or are associated with the HMO. Your doctor is responsible for coordinating all your health care. Primary care physicians provide routine medical care, refer you to specialists (in most cases) within the network, and arrange for hospital admissions.

- ***When you enroll, you must choose a primary care physician*** from the HMO's directory or one will be assigned to you.
- ***HMO plans with Medicare contracts are required to provide access to*** a sufficient number of physicians to satisfy the needs of its membership. It is important to ask if the primary care physician you want is currently accepting new patients.
- ***All HMO plans must allow you to switch physicians*** if you're not satisfied with the care you're getting, but you must pick another one from the plan's network.

Risk Contracts

Under a risk HMO plan, members are "***locked in***" to using only plan providers and facilities. If you receive services outside the plan's network, neither the plan ***nor*** Medicare will pay. You will be responsible for ***all of the charges***. The only exceptions are for emergencies, urgently needed care while temporarily outside the plan's service area, or when you receive prior approval from your primary care physician or HMO to see a specific medical provider outside the HMO's network.

Cost Contracts

If you enroll in a cost HMO, you ***can use*** health care providers outside the plan. However, if you use a provider outside the HMO's service area for non-emergency services, your bill will go to Medicare, and after Medicare pays its share for covered services, you will be responsible for the Medicare deductibles, co-payments and in some cases, excess charges.

Do HMOs cover emergency care?

All HMO plans with Medicare contracts must cover emergency care as part of the basic benefit package. HMO plans will pay if you have a medical emergency or an urgent need for care while you are temporarily out of the HMO's service area. However, they won't pay for routine care, or care you could have planned in advance.

"How do I choose an HMO?"

Look at the "***HMO Comparison Chart***" on the next page to learn more about which Medicare HMOs are available, their service area, and how each plan differs in benefits and costs. Then, contact the HMO at the address shown or by phone to get additional information.

Before you join, be sure to read the HMO's membership materials carefully. Learn your rights and the extent of your coverage. If you live in an area served by more than one HMO, compare benefits, costs and other features to find which best suits your needs at a price you can afford. Also, find out which type of contract (risk or cost) the HMO has with Medicare.

"Who can enroll in a Medicare HMO?"

MEDICARE HMO ELIGIBILITY REQUIREMENTS

- **Must be enrolled in at least Medicare Part B and pay the Part B premium**
- **Must live in the HMO's service area**
- **Do not have end stage renal disease**
- **Cannot be receiving Medicare hospice benefits**

How do I enroll in a Medicare HMO?

The only way to enroll with the HMO is with the plan itself. You will need to complete the HMO's "***enrollment application***" and submit it to the HMO. To get an application form, call the HMO or stop by an HMO sales presentation.

When can I enroll?

Currently, all Medicare-contracting HMO plans available for sale in Massachusetts offer ***continuous*** open enrollment. If you meet the four eligibility requirements listed in the chart above, you can enroll in any HMO plan that serves your area ***anytime***. HMOs cannot refuse to enroll you if you have health problems, except for kidney failure and hospice care.

Your enrollment may take effect either the first day of the month after the HMO receives your application or up to three months later. Once your enrollment is effective, familiarize yourself with the HMO's rules. Some consumers fail to use plan providers, and if they are in a risk HMO, end up with unexpected medical bills. All HMOs will notify members when their coverage is effective.

Medicare HMO Comparison Chart for Massachusetts Medicare Beneficiaries

Please Note: Rates May Change in 1997 - Call the Company for Updates

Medicare HMO Plan Name, Address and Phone	Time Enrolling New Members *	Monthly $ Premium $ Without Prescriptions	Monthly $ Premium $ With Prescriptions	Office Visit Co-pay to Primary MD	Prescription Drug Co-Payment***	Service Area by Counties	Type of Contract** Risk or Cost
Fallon Community Health Plan 10 Chestnut Place Worcester MA, 01608 1-508-831-0712	All Year	$0 "Senior Saver"	$72.50 "Senior Preferred"	$5	$2-5/30 days $6-15/90 days Mail Order too	Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Worcester	Risk
Harvard Pilgrim HC, Inc. 3 Allied Drive Dedham, MA 02026 1-800-779-7723	All Year	$0 "First Seniority"	$65 "First Seniority with Drug benefit"	$5	$5/30 days $10/90 days Mail Order too	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	Risk
Harvard Pilgrim HC of New England, Inc. 1 Hoppin Street Providence, RI 02903 1-800-835-5522 ext. 51406	All Year	$65 "Care Plus"	$123 "Care Plus with Drug benefit"	$5	$5/30 days $10/90 days Mail Order too	Bristol, Middlesex, Norfolk, Plymouth, Worcester	Cost
Pilgrim Health Care, Inc. 10 Accord Executive Drive Norwell, MA 02061 1-800-269-9302	All Year	$0 or $61 "Prime 65 - Option A"	$65 or $126 "Prime 65 - Option B"	$5	$3-9/30 days $8-15/90 days Mail Order too	Barnstable, Bristol, Essex, Middlesex, Norfolk, Suffolk, Plymouth, Worcester	Risk
Tufts Associated Health Plan 333 Wyman Street Waltham, MA 02254 1-800-246-2400	All Year	$0 "Secure Horizons"	$65 Secure Horizons with Pharmacy Coverage"	$5	$8/30 days $15/90 days Mail Order: $4/30 days $8/90 days	Essex, Hampden, Norfolk, Middlesex, Plymouth, Suffolk, Worcester	Risk
United Health Plan of New England 475 Kilvert St., Suite 310 Warwick, RI 02886-1392 1-800-448-4481	All Year	$0 - "Medicare Complete" $0- "Medicare Plus" $42- "Medicare Plus w/dental"	$124 - "Medicare Plus with drug" $170 - "Plus with drug & dental"	$15 "Complete" or $5 in All "Plus " plan variations	$10 No Mail Order Option	Bristol, Norfolk, Worcester	Risk
U.S. Healthcare 3 Burlington Woods Drive Burlington, MA 01803 1-800-231-3105	All Year	$40 - "Medicare Premier" $10 - "Medicare V" $0 - "Medicare X"	$99-"Mediare Premier w/drug" $69- "Medicare V w/drug" $59- "Medicare X w/drug"	$2 or $5 or $10	$10 No Mail Order Option	Barnstable, Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	Risk

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Medicare HMO Comparison Chart for Massachusetts Medicare Beneficiaries

***ENROLLMENT PERIODS** - All new applicants (people not currently enrolled with the non-drug plan of the HMO) may enroll throughout the year into either plan offered by an HMO. However, Medicare HMOs restrict enrollment to February and March only for current plan members who want to change ("upgrade") from the non-drug plan to the plan with outpatient prescription drug coverage.

See Reverse Side for Additional Information.

****RISK VERSUS COST CONTRACT** -

- A Medicare HMO with a Risk Contract requires enrolled members to receive all non-emergency services through the HMO's network of providers; with few exceptions related to emergencies or urgently needed care, neither the plan nor Medicare will pay for Medicare-covered services received apart from the plan. This feature is referred to as the "Lock-In Provision."
- A Medicare HMO with a Cost Contract allows you to receive Medicare-covered services outside of the plan's network of providers; when this occurs, Medicare will pay its portion for the Medicare-covered services but the HMO does not pay anything towards the Medicare deductibles and co-insurance amounts.

*****OUTPATIENT PRESCRIPTION DRUGS** - Massachusetts requires each Medicare HMO to sell a plan that covers outpatient prescription drugs. The drug benefit can have a co-payment amount of up to $8 dollars for generic drugs and up to $15 dollars for brand drugs, OR, a co-payment of up to $10 for both generic and brand name drugs. Also, some HMOs have a different co-payment amount depending on whether you buy the drugs at one of the plan's health centers or at an independent pharmacy, or based upon the number of days for the prescription (such as 30 or 90 days). The total dollar value of drugs that you can receive is unlimited. An HMO may offer a mail-order program for outpatient prescription drugs with its drug plan, but it is not required to do so. The HMO may limit the mail-order companies from which you can order the drugs. You should contact the HMO directly to find out more about their mail-order program.

WHO MAY ENROLL IN A MEDICARE HMO? You may enroll in a Medicare HMO plan that has a Risk or Cost Contract if you meet the following 4 requirements: **1)** you live n the plan's service area, **2)** you have Medicare Part B, **3)** you do not have permanent kidney failure (and you are not receiving kidney dialysis services (If you have kidney disease and you are currently enrolled in a non-Medicare HMO, you will be able to convert to that HMO's plan for people with Medicare. Contact your HMO for information.), and **4)** you have not elected the Medicare hospice benefit for terminally ill persons.

A Medicare HMO cannot conduct further health screening and cannot exclude any applicant based solely upon their age. So, apart from the exceptions noted above, Medicare beneficiaries of any age with developed health problems cannot be excluded from HMO enrollment.

PLAN COSTS - WHO DECIDES HOW MUCH THE PREMIUM SHALL BE?
Premium rates for Medicare HMO plans are reviewed by the federal Health Care Financing Administration and the Massachusetts Commissioner of Insurance. Medicare HMO plans do not charge premiums based upon your age or health condition. However, HMOs may charge a different premium based upon where you live. This is called "community rating."

ADDITIONAL HEALTH CARE BENFITS AVAILABLE FROM MEDICARE HMOs
Medicare HMOs must provide all Medicare-covered benefits, and cover the Medicare deductibles and coinsurance amounts. In addition, a Medicare HMO may provide other health care services not covered under Medicare, such as annual routine physicals, eye exams, payment for eyeglasses, hearing exams, hearing aids, or dental care. Contact the plan to learn about what additional preventative service benefits they provide.

WHAT QUESTIONS SHOULD YOU ASK WHEN EVALUATING AN HMO?

Chart prepared by the Serving Health Insurance Needs of Elders (SHINE) Program from information available as of 01/27/97
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MEDICARE HMO PROCEDURES

- **GRIEVANCE**
- **APPEAL**
- **DISENROLL**

"What if I am not happy with my Medicare HMO?"

If you have a complaint about the quality of care you receive, you can follow your HMO's grievance procedure. You'll find the grievance procedures outlined in the plan's member handbook. Or you can file a "***Quality of Care Complaint***" with the Massachusetts Peer Review Organization (MassPro) by calling their Hotline at **1-800-252-5533.**

What should I do if my HMO refuses to provide or pay for a service?

If the claims department denies payment for Medicare-covered services or the HMO refuses to provide the services you feel are medically necessary, ask the HMO to put it in writing. The HMO plan must give you a "***Notice of Initial Determination***" that will explain your appeal rights.

You have the right to appeal a denial by notifying the HMO in writing within ***60 days*** after you receive this "***Notice***". You can simply make a copy of the notice, write "***please reconsider***" on it, and sign your name. Then mail it or deliver it to the HMO or to a Social Security Office.

If the HMO does not rule in your favor, they must automatically submit your appeal to the Network Design Group (NDG) for further review and a determination. If the NDG agrees with the HMO and the amount in question is $100 or more, you have 60 days from the receipt of the determination to request a hearing before the Social Security Administrative Law Judge. If your case involves $1,000 or more, you can eventually appeal to a Federal Court.

Early hospital discharge - What can you do if you are in the hospital and are told you will be discharged because your stay will no longer be covered? The HMO must give you a written notice called a "***Notice of Non-Coverage***". You have the right to request an ***immediate review*** by calling MassPro at **1-800-252-5533** by noon of the next business day after the date on this Notice. While MassPro reviews the discharge decision, you will not be responsible for the cost of staying the additional days.

"How do I disenroll from my Medicare HMO?"

You may cancel your membership for any reason by telling the HMO ***in writing*** you want to leave the plan. Sign and date your request and send it to the HMO office or to the Social Security Office. It may be a good idea to send it certified mail (return receipt requested) if you want a record of when you sent it. Keep a copy of your letter. Your coverage under the Medicare fee-for-service system will begin the first day of the following month the HMO or Social Security received your request.

"I'm living on a fixed income and I can barely afford Medicare, much less any other insurance!"

If you have Medicare, but find it difficult even to pay the monthly Part B premium, you may be eligible for one of three government assistance programs. Any of these pieces of health insurance coverage may be vital to low-income Medicare beneficiaries.

Medicaid
Wraps around your Medicare coverage to pay many of the gaps in Medicare, such as premiums, deductibles, copayments, and extras like prescription drugs and eyeglasses. You may be eligible if:

- for an individual, your income is **$665 or less** per month and your assets are **$2,000 or less.**
- for a married couple, your income is **$884 or less** per month and your assets are **$3,000 or less.**

Qualified Medicare Beneficiary Program (QMB)
Pays the Medicare premiums, deductibles, and copayments. No extra benefits are covered as in the Medicaid program, but you'll save the cost of a $736 hospital deductible, a $100 medical deductible, and the 20% copayments for your doctors' bills. You may be eligible if:

- for an individual, your income is **$665 or less** per month and your assets are **$4,000 or less.**
- for a married couple, you income is **$884 or less** per month and your assets are **$6,000 or less.**

Specified Low-Income Medicare Beneficiary Program (SLMB)
Pays only your Medicare Part B premiums. This single benefit is significant. You'll save $510 each year in Medicare premiums alone if you enroll. You may be eligible if:

- for an individual, your income is **$794 or less** per month and your assets are **$4,000 or less.**
- for a married couple, your income is **$1,056 or less** per month and your assets are **$6,000 or less.**

Note, the asset limits listed above for Medicaid, QMB and SLMB do not include your home, automobile and certain burial funds and contracts.

To learn more about Medicaid, QMB, and SLMB:
Contact your local Division of Medical Assistance to determine if you qualify for any of these programs. For an application, call the Medicaid Customer Service Hotline at **1-800-841-2900**.

MASSHEALTH ENROLLMENT CENTERS

"What do I need to do to apply for Medicaid?"

To apply for Medicaid, QMB, or SLMB, call the **MassHealth Customer Service Hotline** at **1-800-841-2900** or any of the four MassHealth Enrollment Centers listed below to ask for an application form (UNIV-1).

MassHealth Enrollment Centers

Charlestown — **800-662-9996**
The Schraffts Center
529 Main Street
Charlestown, MA 02129
(617) 248-4200
TTY: 800-608-3300
(617) 248-4335 (Fax)

Springfield — **800-332-5545 or 800-321-2007**
MassHealth Center
311 State Street
Springfield, MA 01105
(413) 785-4100
TTY: 800-596-1276
(413) 785-4180 (Fax)

Taunton — **800-242-1340**
MassHealth Center
21-A Spring Street
Taunton, MA 02780-0711
(508) 828-4600
TTY: 800-596-1272
(508) 828-4611 (Fax)

You will need to complete and mail the application form to any of the three MassHealth Enrollment Centers listed above. If you prefer to meet with a Medicaid worker, you can stop by any of the Centers. You should receive a letter from the Division of Medical Assistance indicating what documents or verifications will be needed to process your application. When all your paperwork is complete, a decision should be made within 45 days.

There is also a MassHealth Enrollment Center in Tewksbury that will assist clients who wish to walk-in and apply for Medical Assistance. If your application is approved and you have any questions or problems concerning Medicaid, the Tewksbury office will have your records.

MassHealth Enrollment Center in Tewksbury

367 East Main St.
Tewksbury, MA
01876-1957
800-408-1253
508-262-9100
508-262-9212 (Fax)
800-231-5698 TTY

"How will I pay for long-term care?"

Long-term care is the name given to the medical, personal, and social services you might need if, because of an accident, an illness, or just growing frail, you are unable to perform certain functions ***independently or on your own*** for an extended period.

Long-Term Care is expensive!

Long-term care is one of the most expensive, but least covered health care costs you may encounter. In Massachusetts:

- Nursing home care can cost $36,000 to $100,000 per year
- Home health care can cost $40 to $50 per visit
- Adult Day Care can cost $30 to $50 per day

Most pieces of health insurance cover very little of the cost of long-term care.

- Medicare pays a maximum of 100 days of nursing home care and a certain amount of home health care only if you need skilled care. Only 2% of Medicare enrollees who need nursing home or home health care meet Medicare's strict requirements for coverage.
- Retiree plans may pay the Medicare coinsurance for nursing home care for a short period.
- Medigap policies pay only the Medicare coinsurance (days 21-100) per benefit period for skilled nursing facility care.
- Medicare HMO plans usually pay up to 100 days per benefit period for skilled nursing facility care.

Will Medicaid pay for long-term care?

Medicaid will pay long-term care costs in a nursing home and sometimes at home as well. But Medicaid is available only when single persons have no more remaining in assets than $2,000. If you are married, your spouse living at home would be permitted to keep up to $76,740 of your joint assets and from $1,295 to $1,919 of income monthly as a spousal maintenance needs allowance.

Is long-term care insurance the answer?

Should everyone have long-term care insurance to pay for long-term care costs? Ideally, yes. But long-term care insurance, like the long-term care services you are insuring against, is expensive. So, long-term care insurance is only appropriate for those who can afford the premiums, both now and in the future. It is ***not*** appropriate for those who are close to Medicaid eligibility levels.

There is no general rule for everyone to use to determine whether long-term care insurance is suitable. When deciding whether long-term care insurance is appropriate for *you*, consider the following:

- **Your ability to afford long-term care insurance**. Senior advocates suggest that a long-term care insurance premium that exceeds 5% to 7% of your annual income is probably unaffordable.

- **Your ability to qualify for a long-term care insurance policy**. Unless you are in relatively good health, insurers probably will not sell you a long-term care insurance policy.

- **Your goals.** Do you wish to preserve assets for a spouse or to leave an inheritance to your children?

- **Your health status, lifestyle, family history, life expectancy.** Do you expect chronic conditions? If your risk of needing long-term care is high, long-term care insurance may be a good choice.

- **Your gender, your marital status.** Are you female, single or widowed? Your chances of needing formal long-term care services are greater when informal (unpaid) help with long-term care is not available to you.

- **Your support circle.** Are your family and friends in distant locations or otherwise unable to provide care if you should need it? Long-term care insurance may make sense.

Read more about long-term care insurance:
For a copy of "*A Shopper's Guide to Long-Term Care Insurance*", contact the National Association of Insurance Commissioners at **1-816-374-7259**.

"*A Consumer's Guide to Long-Term Care Insurance*" may be obtained by calling the Executive Office of Elder Affairs at **1-800-882-2003** or the Division of Insurance at **1-617-521-7777**.

OTHER HEALTH INSURANCE - HOSPITAL INDEMNITY, ACCIDENT INDEMNITY, CATASTROPHIC INSURANCE

"Are extra limited benefit policies necessary?"

Expect to be bombarded with health insurance solicitations and be prepared. Mailings, radio and television ads, even deceptive postcards promising "Information about Medicare Cuts!" may prey on your worst fears of financial ruin, loss of independence, or becoming a burden to your family. Recognize these promotions for what they usually are: extra, unnecessary insurance! With a variety of different names - group hospital plans, accident policies, hospital confinement policies - they pay very little in only few and very specific circumstances!

Check what you already have. Many people buy indemnity policies years before Medicare enrollment and neglect to evaluate whether or not the policy is necessary when they become eligible for Medicare. Many hospital plans reduce benefits by 50% after age 65!

Use caution!
Use great caution in any health insurance policy purchase to avoid paying for duplicate coverage. ***Choose what you need; don't be "sold"!***

Be leery of mailings asking you to return your name and address to receive "Information about Medicare". ***Medicare does not make house calls.***

If you do want an agent to visit, ask him or her to make an appointment. Have a family member or friend with you. ***Listen carefully. Take time to decide. Never purchase immediately.*** Take time to talk to family and friends. Call SHINE for help in evaluating whether you actually need this extra insurance.

Scare tactics are not permitted by Massachusetts insurance regulation. Most agents are honest and present accurate information. Only a small minority use inappropriate tactics. Report high pressure sales to the Division of Insurance immediately!

If you do buy, remember that you have 10 to 30 days once you receive your policy to return it for a full refund. Check your policy or ask your agent how many days you have for the "free look" period.

Complaints?
Call the Massachusetts Division of Insurance at **1-617-521-7777**. Put your complaint in writing to the: **Division of Insurance**
470 Atlantic Avenue
Boston, MA 02210-2223

OTHER PROGRAMS

"Are there any other programs to help people in need of medical care?"

Yes, there are several other programs available if you have a low monthly income and limited assets.

Supplemental Security Income (SSI)

SSI is a cash benefit to help low-income seniors 65 years or older and the blind or disabled of any age. If you meet the income and asset requirements, the program pays a monthly check and guarantees automatic eligibility for Medicaid. To apply, call Social Security at **1-800-772-1213**.

Federally Qualified Health Centers

Another option that can help limit your health care costs is to receive health services at a Federally Qualified Health Center (FQHC). Medicare pays for some health services that are not otherwise Medicare-covered services, such as preventive care services, when they are provided by an FQHC, including:

- routine physical examinations
- screening and diagnostic tests for the detection of vision and hearing problems
- administration of certain vaccines

You do not have to pay the $100 Medicare Part B deductible for services provided at a FQHC. While the Part B coinsurance applies to all FQHC services, guidelines allow FQHCs to waive it in some instances. Any Medicare beneficiary may seek services at a FQHC. To find out whether one of these centers serves your area, call **1-800-638-6833**.

CommonHealth

This state program provides health care benefits to disabled working adults and disabled children. Call the CommonHealth Program at the Division of Medical Assistance at **1-800-662-9996**.

Uncompensated Care Pool

Hospitals are required to provide certain people with free care in their facilities. Call the Department of Medical Security at **1-800-238-0990** or **1-617-727-0230**.

Free Prescription Drug Programs

More than 50 drug companies offer free prescription drugs to people of all ages who qualify. Each drug company has different guidelines. To obtain a list of the drugs that are covered and a sample application form, please call Mass Home Care's Elder Line at **1-800-243-4636**.

The Commonwealth of Massachusetts
Executive Office of Elder Affairs

Serving Health Information Needs of Elders ("SHINE") Program

One Ashburton Place, 5th Floor
Boston, MA 02108
Tel: 1-800-882-2003 or (617) 727-7750

Mary Kay Browne, SHINE Program Director — 617-727-7750, ext. 330

Area #	Regional Program	SHINE Coordinator	Telephone
Western Mass:			
01	Dalton Council on Aging	Lydia Boynton	800-974-4055
02	Northampton Council on Aging	Joann Lutz	800-498-4232
03	Springfield Council on Aging	Gail Noe	800-307-4463
Central Mass:			
04	Central Mass Agency on Aging	Sharon McKenzie	800-244-3032
05	Community & Home Services of the BayPath Area	Pam LeFrancois	800-287-7284
06	HESSCO (AAA)	Peggy McDonough	800-462-5221
Northeastern Mass:			
07	Danvers Council on Aging	Sara Bronstein	800-598-1122
08	Minuteman Home Care	Cynthia Phillips	617-272-7177
09	Merrimack Valley Elder Services	Elaine Rotolo	800-892-0890
Eastern Mass:			
10	Mystic Valley Elder Services	Holly Kisler	617-324-7705
11	Needham Council on Aging	Maura Walsh	617-964-5009
12	Quincy Council on Aging	Jane Mudge	617-376-1247
13	Boston Commission on Affairs of the Elderly	SHINE Coordinator	617-635-3995
Southeastern Mass:			
14	Edgartown Council on Aging	Marilyn White	508-693-4120
15	Middleborough Council on Aging	Steve Perchard	800-231-1155
16	Attleboro Council on Aging	Marion Aspinall	800-987-2510
17	Coastline Elder Services	Carolyn Avery	508-999-6400
18	Chatham Council on Aging	Beth Fletcher	800-334-9999

SHINE PROGRAM
INDEX OF AREA NUMBERS AND TOWNS
(Find the city you live in and its area. Then look up the Regional SHINE Program from the list.)

Area #	City / Town
15	Abington
08	Acton
17	Acushnet
01	Adams
03	Agawam
01	Alford
13	Allston
09	Amesbury
02	Amherst
09	Andover
08	Arlington
04	Ashburnham
04	Ashby
02	Ashfield
05	Ashland
02	Athol
16	Attleboro
04	Auburn
06	Avon
04	Ayer
18	Barnstable
04	Barre
01	Becket
08	Bedford
02	Belchertown
04	Bellingham
11	Belmont
16	Berkley
04	Berlin
02	Bernardston
07	Beverly
09	Billerica
04	Blackstone
03	Blandford
13	Boston
18	Bourne
09	Boxboro
08	Boxborough
04	Boylston
12	Braintree
18	Brewster
15	Bridgewater
13	Brighton
15	Brockton
04	Brookfield
11	Brookline

Area #	City / Town
02	Buckland
08	Burlington
08	Cambridge
06	Canton
08	Carlisle
15	Carver
18	Centerville
02	Charlemont
13	Charlestown
04	Charlton
18	Chatham
09	Chelmsford
10	Chelsea
01	Cheshire
03	Chester
02	Chesterfield
03	Chicopee
14	Chilmark
01	Clarksburg
04	Clinton
12	Cohasset
02	Colrain
08	Concord
02	Conway
02	Cummington
01	Dalton
07	Danvers
17	Dartmouth
11	Dedham
02	Deerfield
18	Dennis
16	Dighton
13	Dorchester
04	Douglas
11	Dover
09	Dracut
04	Dudley
09	Dunstable
12	Duxbury
13	East Boston
15	E. Bridgewater
04	E. Brookfield
03	E. Longmeadow
15	East Wareham

Area #	City / Town
18	Eastham
02	Easthampton
06	Easton
14	Edgartown
01	Egremont
02	Erving
07	Essex
10	Everett
17	Fairhaven
16	Fall River
18	Falmouth
04	Fitchburg
02	Florence
01	Florida
06	Foxboro
05	Framingham
04	Franklin
16	Freetown
04	Gardner
14	Gay Head
09	Georgetown
02	Gill
07	Gloucester
02	Goshen
17	Gosnold
04	Grafton
02	Granby
03	Granville
01	Gr. Barrington
02	Greenfield
04	Groton
09	Groveland
02	Hadley
15	Halifax
07	Hamilton
03	Hampden
01	Hancock
15	Hanover
15	Hanson
04	Hardwick
08	Harvard
18	Harwich
02	Hatfield
09	Haverhill

Area #	City / Town
02	Hawley
02	Haydenville
02	Heath
12	Hingham
01	Hinsdale
12	Holbrook
04	Holden
05	Holliston
03	Holyoke
04	Hopedale
05	Hopkinton
04	Hubbardston
05	Hudson
12	Hull
02	Huntington
18	Hyannis
13	Hyde Park
07	Ipswich
13	Jamaica Plain
15	Kingston
15	Lakeville
04	Lancaster
01	Lanesborough
09	Lawrence
01	Lee
02	Leeds
04	Leicester
01	Lenox
04	Leominster
02	Leverett
11	Lexington
02	Leyden
11	Lincoln
08	Littleton
03	Longmeadow
09	Lowell
03	Ludlow
04	Lunenburg
07	Lynn
07	Lynnfield
10	Malden
07	Manchester
16	Mansfield
07	Marblehead

Area #	City / Town
17	Marion
05	Marlborough
12	Marshfield
14	Martha's Viney.
18	Mashpee
13	Mattapan
17	Mattapoisett
08	Maynard
06	Medfield
10	Medford
04	Medway
07	Melrose
04	Mendon
09	Merrimack
09	Methuen
15	Middleborough
02	Middlefield
07	Middleton
04	Milford
04	Millbury
02	Millers Falls
04	Milleville
06	Millis
12	Milton
02	Monroe
03	Monson
02	Montague
01	Monterey
03	Montgomery
01	Mt. Washington
07	Nahant
18	Nantucket
05	Natick
11	Needham
01	New Ashford
17	New Bedford
04	New Braintree
01	New Marlborou.
02	New Salem
09	Newburyport
11	Newton
01	North Adams
09	North Andover
16	North Attleboro
04	N. Brookfield
18	North Chatham
16	North Dighton
10	North Reading
02	Northampton
05	Northborough
04	Northbridge
02	Northfield
16	Norton
12	Norwell
06	Norwood
14	Oak Bluffs
04	Oakham
02	Orange
18	Orleans
01	Otis
04	Oxford
03	Palmer
04	Paxton
07	Peabody
02	Pelham
15	Pembroke
04	Pepperell
01	Peru
02	Petersham
02	Phillipston
01	Pittsfield
02	Plainfield
06	Plainville
15	Plymouth
18	Pocasset
18	Provincetown
12	Quincy
12	Randolph
16	Rayham
07	Reading
16	Rehoboth
10	Revere
01	Richmond
17	Rochester
15	Rockland
07	Rockport
13	Roslindale
02	Rowe
09	Rowley
13	Roxbury
02	Royalston
03	Russell
04	Rutland
07	Salem
09	Salisbury
01	Sandisfield
18	Sandwich
07	Saugus
01	Savoy
12	Scituate
16	Seekonk
06	Sharon
01	Sheffield
02	Shelburne
05	Sherborn
04	Shirley
04	Shrewsbury
02	Shutesbury
02	South Deerfield
16	Somerset
08	Somerville
13	South Boston
12	South Braintree
17	So. Dartmouth
02	South Hadley
02	Southampton
05	Southborough
04	Southbridge
03	Southwick
04	Spencer
03	Springfield
04	Sterling
01	Stockbridge
10	Stoneham
06	Stoughton
08	Stow
04	Sturbridge
05	Sudbury
02	Sunderland
04	Sutton
07	Swampscott
16	Swansea
16	Taunton
04	Templeton
09	Tewskbury
14	Tisbury
03	Tolland
07	Topsfield
04	Townsend
18	Truro
02	Turners Falls
09	Tyngsborough
01	Tyringham
04	Upton
04	Uxbridge
07	Wakefield
06	Walpole
11	Waltham
02	Ware
15	Wareham
04	Warren
02	Warwick
01	Washington
11	Watertown
05	Wayland
04	Webster
05	Wellesley
18	Wellfleet
02	Wendall
07	Wenham
04	West Boylston
15	W. Bridgewater
04	West Brookfield
09	West Newbury
13	West Roxbury
03	W. Springfield
01	W. Stockbridge
14	West Tisbury
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09	Westford
02	Westhampton
04	Westminster
11	Weston
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06	Westwood
12	Weymouth
02	Whately
04	Whitinsville
15	Whitman
03	Wilbraham
02	Williamsburg
01	Williamstown
08	Wilmington
04	Winchendon
08	Winchester
01	Windsor
10	Winthrop
08	Woburn
04	Worcester
02	Worthington
06	Wrentham
18	Yarmouth
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SHINE PROGRAM
INDEX OF AREA NUMBERS AND TOWNS

(Find the city you live in and its area. Then look up the Regional SHINE Program from the list.)

Area #	City / Town
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08	Acton
17	Acushnet
01	Adams
03	Agawam
01	Alford
13	Allston
09	Amesbury
02	Amherst
09	Andover
08	Arlington
04	Ashburnham
04	Ashby
02	Ashfield
05	Ashland
02	Athol
16	Attleboro
04	Auburn
06	Avon
04	Ayer
18	Barnstable
04	Barre
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